CERTIFICATION OF COMPLETION

PREMARITAL PREPARATION COURSE

Tennessee Code Annotated §36-6-413(b)(5) provides that parties may attend separate classes. If they do, separate certificates must be filed.

PARTICIPANT INFORMATION		
HUSBAND	WIFE	
Address	Address	
Course Attended		
Number of Hours Completed Date Course Completed		
COURSE PROVIDER INFORMATION		
Name	QUALIFICATIONS (or relevant training, if representative of a religious institution)	
Address	☐ Psychologist (as defined under TCA §63-11-203)	☐ Clinical Social Worker (as defined under TCA, Title 63, Ch. 23, Part 1)
	☐ Licensed Marital and Family Therapist (as defined under TCA §63-22-115)	☐ Clinical Pastoral Therapist (as defined under TCA, Title 63, Ch. 22, Part 2)
	☐ Professional Counselor (as defined under TCA, §63-22-104)	☐ Psychological Examiner (as defined under TCA, §63-11-202)
	☐ Official Representative of a Religious Institution (recognized under TCA, §63-22-204)	☐ Any other instructor approved for the judicial district
CERTIFICATION		
I certify that the participant(s) named above attended the premarital preparation course for the number of hours and on the date indicated. I further certify that the instructor was qualified under the provisions of Tennessee Code Annotated §36-6-413(b)(5).		
Date Signature of Instructor	Signature of Instructor or Provider	
The course must be not less than four (4) hours and completed no more than one year prior to the date of application for the license.		